

MCO PA Listing of Single Source Drugs 2005							
MCO:	Managed Health Services (MHS)						
Single Source Drugs Requiring Prior Authorization							
Drug		Rationale for PA Requirement					
ACIPHEX		Adequate trial of H-2s required first					
ARICEPT		Ensure use for proper diagnosis					
AVONEX		Ensure use for proper diagnosis					
AXERT		Adequate trial of PDL preferred agents					
BETASERON		Ensure use for proper diagnosis					
CELEBREX		Ensure use for proper diagnosis					
CIBALITH-S		Ensure use for proper diagnosis					
COGNEX		Ensure use for proper diagnosis					
DDAVP		Ensure use for proper diagnosis					
DEXEDRINE SR		Ensure use for proper diagnosis					
ENBREL INJECTION		Ensure use for proper diagnosis					
EVISTA		Ensure use for proper diagnosis					
FAMVIR		Adequate trial of Valtrex					
FOSAMAX		Ensure use for proper diagnosis					
GEODON		Ensure use for proper diagnosis					
HUMATIN		Ensure use for proper diagnosis					
KINERET INJECTION		Ensure use for proper diagnosis					
MIACALCIN INJ.		Ensure use for proper diagnosis					
NEUPOGEN		Ensure use for proper diagnosis					
OCUFLOX		Adequate trial of PDL preferred agents					
ORAP		Ensure use for proper diagnosis					
PEG INTRON, REBETRON		Ensure use for proper diagnosis					
PLAVIX		Ensure use for proper diagnosis					
PREVACID		Adequate trial of H-2s required first					
PROTONIX		Adequate trial of H-2s required first					
PULMICORT TURBUHALER		Adequate trial of PDL preferred agents					
REMICADE		Ensure use for proper diagnosis					
REXIN		Ensure use for proper diagnosis					

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RILUTEK		Ensure use for proper diagnosis				
RISPERDAL		Ensure use for proper diagnosis				
SANDOSTATIN		Ensure use for proper diagnosis				
SEROQUEL		Ensure use for proper diagnosis				
STREPTOMYCIN		Ensure use for proper diagnosis				
SYNAGIS		Ensure use for proper diagnosis				
SYNAREL		Ensure use for proper diagnosis				
ZOMIG		Adequate trial of Imitrex first				
ZYPREXA		Ensure use for proper diagnosis				

MCO PA Listing of Single Source Drugs 2005						
MCO:	Harmony Health Plan					
Single Source Drugs Requiring Prior Authorization						
Drug		Rationale for PA Requirement				
ARANESP		Ensure appropriateness of therapy				
ARAVA		Ensure appropriateness of therapy				
AVONEX		Ensure appropriateness of therapy				
BETASERON		Ensure appropriateness of therapy				
BEXTRA		Ensure appropriateness of therapy				
CELEBREX		Ensure appropriateness of therapy				
CENESTIN		Ensure appropriateness of therapy				
COPEGUS		Ensure appropriateness of therapy				
ENBREL		Ensure appropriateness of therapy				
KINERET		Ensure appropriateness of therapy				
NEULASTA		Ensure appropriateness of therapy				
NEUPOGEN		Ensure appropriateness of therapy				
NIMOTOP		Ensure appropriateness of therapy				
NORDITROPIN		Ensure appropriateness of therapy				
NUTROPIN		Ensure appropriateness of therapy				
NUTROPIN AQ		Ensure appropriateness of therapy				
NUTROPIN DEPO		Ensure appropriateness of therapy				
PEG-INTRON		Ensure appropriateness of therapy				
PROTOPIC		Ensure appropriateness of therapy				
PROTROPIN		Ensure appropriateness of therapy				
REBIF		Ensure appropriateness of therapy				
SYNAGIS		Ensure appropriateness of therapy				

MCO PA Listing of Single Source Drugs 2005						
MCO:	MDwise					
Single Source Drugs Requiring Prior Authorization						
Drug		Rationale for PA Requirement				
ALINIA		Ensure use limited to treatment of <i>Cryptosporidium</i>				
ARICEPT		Ensure use for proper diagnosis				
AVONEX ADMIN PACK		Ensure appropriate use (high cost;speciality item)				
CELEBREX		Ensure first line failure or contraindication.				
COGNEX		Ensure use for proper diagnosis				
EMEND TRIFOLD PK		Ensure used for highly emetogenic chemotherapy				
ENBREL		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
EPOGEN		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
FORTEO		Ensure failure of first line agents				
HEPSERA		Ensure appropriate use; proper diagnosis (high cost, specialty item)				
HUMIRA		Ensure appropriate use;proper diagnosis (high cost, specialty item)				
INSPRA		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
INTRON A		Ensure appropriate use; failure of alternatives (high cost;speciality item)				
KINERET		Ensure failure of first-line alternatives; high cost specialty item				
LANTUS		Ensure failure of first-line alternatives				
LEVAQUIN		Risk of antibiotic resistance when overused.				
MYCOBUTIN		Risk of antibiotic resistance when overused.				
NAMENDA		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
NEUPOGEN		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
NIMOTOP		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
NUTROPIN		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
NUTROPIN AQ		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
PEG-INTRON		Ensure appropriate use (high cost;speciality item)				
PROCRIT		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
PROTROPIN		Ensure use for proper diagnosis (high cost, narrow therapeutic range)				
RAPTIVA		Ensure failure of other agents and ensure used for moderate to severe plaque psoriasis				
REBETOL		Ensure appropriate use (high cost;speciality item)				
MCO:	MDwise					

MCO PA Listing of Single Source Drugs 2005							
REBETRON		Ensure appropriate use (high cost;speciality item)					
REVIA		Ensure use for proper diagnosis (high cost, narrow therapeutic range)					
SOMAVERT		Ensure appropriate use (high cost;speciality item)					
SPORANOX		Ensure use for proper diagnosis (not for cosmetic use.)					
STIMATE		Ensure use for proper diagnosis					
STRATTERA		Ensure failure of first line and step therapy agents					
SYNAGIS		Ensure use for proper diagnosis (high cost, narrow therapeutic range)					
VANCOCIN		Risk of antibiotic resistance when overused.					

MCO PA Listing of Single Source Drugs 2005						
MCO:	CareSource					
Single Source Drugs Requiring Prior Authorization						
Drug		Rationale for PA Requirement				
NUTROPIN AQ*		Ensure appropriateness of therapy				
NUTROPIN*		Ensure appropriateness of therapy				
PROTROPIN*		Ensure appropriateness of therapy				

MCO PA Listing of Single Source Drugs 2005

MCO:	Molina					
Drug						
ARICEPT		Verify diagnosis				
ARTHROTEC		Ensure appropriateness of therapy				
BEXTRA		Ensure appropriateness of therapy				
CELEBREX		Ensure appropriateness of therapy				
CIPRODEX		Ensure appropriateness of therapy				
COGNEX		Verify diagnosis				
COMBIVENT		Verify diagnosis				
COREG		Verify Diagnosis				
DDAVP		Ensure appropriateness of therapy				
EXELON		Verify diagnosis				
FLOXIN OTIC		Ensure appropriateness of therapy				
GABITRIL		Verify Diagnosis				
GLEEVEC		Verify Diagnosis; Ensure appropriateness of therapy				
HEPSERA		Verify Diagnosis				
IRESSA		Verify Diagnosis; Ensure appropriateness of therapy				
LAMISIL		Ensure appropriateness of therapy				
NAMENDA		Verify Diagnosis				
NICOTROL nasal spray, inh		Ensure concurrent enrollment in smoking program				
NIZORAL tabs		Ensure appropriateness of therapy				
SEROQUEL		Verify Diagnosis				
SPORANOX		Ensure appropriateness of therapy				
TAZORAC		Ensure appropriateness of therapy				
TOPAMAX		Verify Diagnosis				
VFEND		Ensure appropriateness of therapy				
ZYMAR		Ensure appropriateness of therapy				
ZYVOX		Ensure appropriateness of therapy				